

**2014 FPRF INSTRUCTIONS  
ALL PROPERTY & CASUALTY INSURERS**

All tax forms and payments must be received on or before March 1, 2015; the Department does not accept the postmark date. No authority exists for granting any extension of time for filing or payment. Any insurer that fails to report or pay tax will be subject to penalty in accordance with ACA 26-57-607.

**ALL PROPERTY AND CASUALTY INSURERS MUST FILE THIS FORM EVEN IF NO PREMIUM WAS WRITTEN IN THE LINES OF BUSINESS OUTLINED ON THE FORM.**

The Department does not accept software forms. The forms must be completed and printed on our website. [www.insurance.arkansas.gov/accounting/divpage.htm](http://www.insurance.arkansas.gov/accounting/divpage.htm)

**Attach the check made payable to the FPRF Premium Tax Fund to the form.**

**Mail the return and check to: Arkansas Insurance Department  
Accounting Division  
1200 West Third Street  
Little Rock, AR 72201-1904**

If a refund is due mark **REFUND DUE** on the top of Page 1.

For questions concerning the tax forms, contact the Accounting Division at (501) 371-2605 or email us at [insurance.accounting@arkansas.gov](mailto:insurance.accounting@arkansas.gov)

**ARKANSAS INSURANCE DEPARTMENT 2014 FORM AID AC FPRF**

ACCOUNTING DIVISION  
1200 WEST THIRD STREET  
LITTLE ROCK, AR 72201-1904  
PHONE: (501) 371-2605  
www.insurance.arkansas.gov

ACCOUNTING DIVISION  
DUE MARCH 1, 2015

\_\_\_ ORIGINAL FILING

\_\_\_ AMENDED FILING

\_\_\_ REFUND DUE

**ANNUAL REPORT OF PREMIUMS & TAXES  
FOR PROPERTY & CASUALTY INSURERS  
FOR THE FPRF PREMIUM TAX FUND**

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)	
COMPANY NAME			
MAILING ADDRESS			
CONTACT PERSON		TITLE	
TELEPHONE NUMBER	EXT	FAX NUMBER	
EMAIL ADDRESS			

100% of premiums written for Arkansas coverages on real and personal property are to be reported for Lines **1** (fire), **2.1** (allied lines), **2.4** (private crop), **3** (farm owners multiple peril), **4** (homeowners multiple peril), **5.1** (commercial multiple peril (non-liability)), **8** (ocean marine), **9** (inland marine), **12** (earthquake), **21.1** (private passenger auto physical damage), **21.2** (commercial auto physical damage), **22** (aircraft-all perils), **26** (burglary and theft), **27** (boiler and machinery), **30** (warranty) and **34** (aggregate write in for other lines of business) of the Arkansas State Page.

**ARKANSAS TAX**

- |  |              |
|--|--------------|
| 1. Direct Written Premiums, from page 2  | \$ _____     |
| 2. Plus finance and service charges, and other fees and all other considerations for insurance | \$ _____     |
| 3. Less Dividends paid/credited to Policyholders on direct business.                           | \$ ( _____ ) |
| 4. Net Taxable Premiums  | \$ _____     |
| 5. Tax Thereon at 1/2 of 1 % *FIGURE CANNOT BE LESS THAN ZERO                                  | \$ _____     |
| 6. Less Quarterly Prepayments from below   | \$ ( _____ ) |
| 7. Net Payment For Calendar Year 2014  | \$ _____     |

**MAKE CHECK PAYABLE TO: FPRF PREMIUM TAX FUND****2014 Quarterly FPRF-Q Prepayments**

First quarter	check #	\$
Second quarter	check #	\$
Third quarter	check #	\$

NAIC \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

2014 FORM AID AC FPRF

100% of Premium Written for Arkansas coverages on real and personal property  
as reported by line of business on the 2014 Arkansas State Page:

1	Fire	\$ _____
2.1	Allied Lines	\$ _____
2.4	Private Crop	\$ _____
3	Farm Owners Multiple Peril	\$ _____
4	Homeowners Multiple Peril	\$ _____
5.1	Commercial Multiple Peril (non liability)	\$ _____
8	Ocean Marine	\$ _____
9	Inland Marine	\$ _____
12	Earthquake	\$ _____
21.1	Private Passenger Auto Physical Damage	\$ _____
21.2	Commercial Auto Physical Damage	\$ _____
22	Aircraft – all perils	\$ _____
26	Burglary and Theft	\$ _____
27	Boiler and Machinery	\$ _____
30	Warranty	\$ _____
34	Aggregate Write in for Other Lines of Business	\$ _____

TOTAL – Page 1, Line 1

\$

**AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

Comes \_\_\_\_\_ and states on oath that he/she is the

\_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of Company)

and that the foregoing statements are true and correct as shown by the records of said Company.

\_\_\_\_\_  
(Original Signature of Officer)

Subscribed and sworn to or affirmed before me, the undersigned Notary Public, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires \_\_\_\_\_